RANCHO CUCAMONGA MUNICIPAL UTILITY
LOW INCOME PROGRAM APPLICATION

RCMU Low Income Program provides a $10 discount on your electric bill every month for income qualified customers.
Instructions: Please fill out and submit application along with all supporting documentation. Application can be submitted in person at 10500 Civic Center Dr., Rancho Cucamonga, CA 91730
Application can also be submitted by:

- Mail: Rancho Cucamonga Municipal Utility, P.O. Box 4499, Rancho Cucamonga, CA 91729
- Fax: 909-477-2741
- Email: RCMU.Customer@cityofRC.us

Questions: Call 909-919-2612 or visit our website at www.CityofRC.us

MAXIMUM HOUSEHOLD INCOME

Numbers of Persons in Household	Total Combined Annual Income
1	up to $26,400
2	up to $30,150
3	up to $33,900
4	up to $37,650
5	up to $40,700
6	up to $43,700
7	up to $46,700
8	up to $49,700

*Income levels are based on the San Bernardino County (Very Low) FY 2020 Income Limits Documentation System

RATE DISCOUNT APPLICATION

1. CUSTOMER INFORMATION **CUSTOMER# _____ACCOUNT #_____**

Name: _____

Address: _____

Contact #: _____ Email Address: _____

Number of persons in your household _____ + _____ = _____
Adults Children Total

2. MAXIMUM HOUSEHOLD INCOME:

Total combined gross annual household income: $ _____
*Current gross (before taxes) household income from all sources

Please provide:

- A copy of most recent 1040 Income Tax Return (pages 1 & 2) for every person 18 or older living in the household.
  * If a household member is over the age of 18 and did not file a tax return, IRS form 4506-T is required.
- Copies of all income documentation for every person 18 or older living in the household.

3. DECLARATION: (Please sign and date below)

I state that the information I have provided in this application is true and correct. I agree to provide additional proof of income, if asked. I agree to inform Rancho Cucamonga Municipal Utility if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received.

SIGNATURE: _____ **DATE:** _____